Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 201	9C0167			Rep File			CAN	IIDI	DATE	*	/ C	ОММІТТ	EE	LO	ВВ	YIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		CRA	IG ۱	W. ST	EDMA	N										
Street Address:																			
City:								State	:				Zip Co	de:	17543				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		Р	OST-	3.		AMEND REPOR		Yes	;	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	Y PRI	E- 5	5.	30 DA		Р	OST-	6.		TERMIN REPOR	No	'	√			
report type)	ANNUAL REPORT	7.	Year 2019					NG ME			_		PAPER		Y	/	DISKE	TTE	
Name of Office S	Sought by Candida	ate:	_					DATI	E OI	F ELE	CTI	ON	District Numbe			arty	/ Code	Cour	
	• .							МО		DAY	1	YEAR	2 CPJ REP					Jour	
JUDGE OF THE	COURT OF COM	10N PLE	AS						11		5	2019	(SEE INSTRUCTIONS FOR COD					CODES)
,	Receipts and	МО	DAY	YEAR	3			МО		DAY		YEAR	F	OR OFF	ICE US	SE C	ONLY		
Expenditures	from:		1 1	. 2	019	Т	0		4		1	2019	9						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00							
C. Total Funds Available (Sum Of Lines A and B) \$ 0.0									0.00										
D. Total Expenditures (From Schedule III)								454.71											
E. Ending Cash Balance (Subtract Line D From Line C)										(454.71)								
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule I\	/)			\$					0.00			•	_			
				AFF	IDA	VI	ΓSE	CTIC	N										
PART I - If this is	s a Committee rep	ort, trea	ısurer sign	here.	If thi	is is	a Car	ndidat	e re	port, o	can	didate s	gn here						
I swear (or affirm) correct and complete) that this report, inc ete.	cluding the	e attached so	hedule	s filed	d on	paper	or by e	lectr	onic m	ediu	ım, are to	the best	of my kn	owledg	je ar	nd beli	ef , tr	ue
Sworn to and subs	cribed before me th	is	20						•			Signatu	re of Pers	on Subm	itting F	lepo	ort		-
	Signat						-						Pri	nted Nar	ne				-
My Commission Ex	_	116							-				Em	ail					-
	МО	D.	AY	YR			-			Ar	ea C	ode	Dayti	ne Tele	phone I	Num	ber		_
Part II- If this is	a report of a can	didate's	authorized	Comr	nitte	e, C	andid	ate sh	all s	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	s polit	ical	comm	ittee ha	as no	ot viola	ted	any provi	sions of t	ne act of	June 3	,193	37 (P.L	. 133	3,
Sworn to and subsc	ribed before me this	i											Signature	of Cand	idate				-
	day of ————————————————————————————————————						_						Print	ed Name					-
	Signature						-		_										_
My Commission Exp	pires												Em	ail					
	МО	D	AY	YR	2		•			Area	Cod	le	ı	Daytime	Teleph	one	Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CRAIG W. STEDMAN	From:	1/1/201	<u>9</u> To:	4/1/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporting Period						
			From: To) :			
		DATE			AMOUNT				
Full Name of Contribut	ing Committee		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$ 0.00	

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee o	Name of Fining Committee of Canadate			Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od	
CRAIG W. STEDMAN	From:	<u>1/1/2019</u> To :	4/1/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	late		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti	ng Period			
CRAIG W. STEDMAN			From	1/	1/2019	То:	4/1/2019
				DATE			AMOUNT
To Whom Paid STAPLES			мо	DAY	YEAR		
Mailing Address 1296 LITIT	Z PIKE		1	6	2019	\$	78.71
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Descrip COPIES	otion of Exp	penditure		
To Whom Paid STAPLES			мо	DAY	YEAR		
Mailing Address 1296 LITI	Z PIKE		1	6	2019	\$	78.71
City LANCASTER	Y LANCASTER PA Zip Code (Plus 4) 17601				penditure SACTION		
To Whom Paid UPS			мо	DAY	YEAR		
Mailing Address 1002 LITI	Z PIKE		2	19	2019	\$	15.29
City LITITZ	State PA	Zip Code (Plus 4) 17543	Descrip COPIES	otion of Exp	penditure	2	
To Whom Paid STAPLES			МО	DAY	YEAR		
Mailing Address 1296 LITI	Z PIKE		1	5	2019	\$	32.00
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Descrip ENVELO	otion of Exp	penditure		
To Whom Paid NEFFSVILLE POST OFFICE			МО	DAY	YEAR		
Mailing Address 16 MEADOW LN			1	5	2019	\$	250.00
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Descrip STAMP:	otion of Exp	penditure	2	
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item [).			\$	PAGE TOTAL 454.71